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Application Number	09/171,043
Filing Date	October 9, 1998
First Name & Inventor	Paul M. KONNERSMAN
Art Unit	3622
Examiner Name	D. Lastra
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

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 I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with  
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OR

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name  Paul M. Konnersman

Signature

Date  April 23, 2004 Telephone  781-639-0616

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 1 forms are submitted.

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